



PART B - FEE(S) TRANSMITTAL

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21005 7590 04/30/2003

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
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Rachel Cohen	(Depositor's name)
Rachel Cohen	(Signature)
7/24/03	(Date)

07/29/2003 SSITHIB2 00000082 09735271

01 FC:1501
02 FC:1504
03 FC:8001

1300.00 OP
300.00 OP
45.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/735,271	12/11/2000	Mark Daly	2825.1025-002	7597

TITLE OF INVENTION: ~~IBD-RELATED POLYMORPHISMS~~

Crohn's Disease-Related Polymorphisms (as amended by the Examiner)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	07/30/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOUAYA, JEHANNE E	1634	435-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith
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2 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

- 1) Whitehead Institute for Biomedical Research-Cambridge, MA
2) Ellipsis Biotherapeutics Corporation-Toronto, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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Susan M. Treannie (41,368) 7/24/03

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